RENEWAL APPLICATION FOR REAL ESTATE TAX RELIEF FOR PERSONS AGE SIXTY FIVE OR OLDER OR TOTALLY DISABLED

As provided by City of Norfolk Ordinance No. 26,967

Phone Number	
INSTRUCTIONS TO APPLICANT	
The information required on the application must be filled out in its entirety and returned to McDonald, Commissioner of the Revenue, P. 0. Box 2260, Norfolk, VA 23501-2260. must be filed no later than June 1 st of the taxable year. The exemption is granted on an Annual 1 new application must be filed each year. All information on the application is confidential and not opinspection. A federal OR state income tax return should be attached to the application OR P INCOME MUST BE PROVIDED. For additional information please call 441-1502.	Applications Basis and a en to public
1. Is the Owner the sole occupant of the Residence?	□No
List the names of all related persons occupying the above residence. Name	
3. Do the Property Owners own any Real Estate other than the above residence? Yes If so, list location	□No
4. Did the Owners file a Federal or State Income Tax Return? [If yes, furnish a copy, prefer federal tax return)	□No
5. Is any part of the residence leased or rented to other persons?	□No
6. Total combined financial worth of owner(s) and all relatives living on the property as of December (DO NO INCLUDE THE PROPERTY YOU ARE LIVING ON.)	er 31,
Checking Accounts \$ Motor Vehicles \$	
Savings Accts & IRAs \$ Boats & Trailers \$	
Stocks, Bonds & Trusts \$ Other Real Estate \$	
Certificates of Deposit & Money Market Funds \$ TOTAL COMBINED NET FINANCIAL WORTH \$	

PLEASE COMPLETE REVERSE SIDE OF PAGE

Total income (gross) of the owner(s) and all relatives living on the property, from ALL SOURCES as	of
December 31,	

MONEY FROM	PERSON RECEIVING	ANNUAL INCOME
Social Security	Property Owner	\$
Social Security	Spouse/Co-Owner	
Retirement Pension	Property Owner	
Retirement Pension	Spouse/Co-Owner	
Rent from Roomers/Tenants	Property Owner(s)	
Interest from Bank Accounts	Property Owner(s)	
Dividends from Stocks & Bonds	Property Owner(s)	
Part- or Full-Time Work	Property Owner(s)	
Other Income (specify)	Property Owner(s)	
Income of Related Persons	Relatives Living on Property	
	SUBTOTAL	
Supplemental Health Insurance	Enter Premium Amount	-
	Total Income	
FOR OFFICE USE ONLY Disabil		-
	TOTAL	

AFFIDAVIT

I, of legal age, swear on my oath the foregoing statements are true and accurate to the best of my know ledge
and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that
have the effect of exceeding or violating the limitations and conditions provided the ordinance shall nullify any
exemption for the current taxable year and the taxable year immediately following. Any person or persons who
shall falsely claim an exemption or shall give information on which an exemption is based shall be guilty of a
misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000.00 or confinement
in jail not exceeding twelve months, or both such fine and imprisonment.

Signature	
·	Signature

Remarks: